

LOWELL BOARD OF HEALTH
341 Pine Street
Lowell, Massachusetts 01851

May 2, 2018

A meeting of the Lowell Board of Health as held on Wednesday May 2, 2018 in the Mayor's Reception Room, City Hall, 375 Merrimack St., Lowell, MA 01852. Chairwoman Jo-Ann Keegan called the meeting to order at 6:07 PM

Present:

Jo-Ann Keegan, RN, MSN Chairperson
John Donovan Board Member
Kerry Hall, Board Member
William Galvin, MD Board Member
Lisa Golden Board Member

1. New Business

1.I. For Acceptance: Minutes of the April 4, 2018 Meeting Of the Board of Health

Motion: To accept the minutes of the April 4, 2018 meeting of the Board of Health made by Kerry Hall, seconded by Lisa Golden. All in favor.

1. II. Tobacco Control Monthly Report Submitted By Cesar Pungirum, Program Director.

Program Director Cesar Pungirum reviewed the report with the Board. The Board accepted and placed on file.

1. III. Tobacco Permit Suspension Public Hearing - Hei Elvis 698 Merrimack St. Lowell, MA 01854

Program Director Cesar Pungirum reviewed the violation documentation for Sale of a Minor - Second Offense issued to the establishment Hei Elvis. No representative of Hei Elvis attended the hearing.

VOTE: To suspend the establishment's Sale of Tobacco Products license for a period of seven consecutive business days beginning May 14, 2018 made by Kerry Hall, seconded by William Galvin.

Roll Call:

Jo-Ann Keegan - yes
Lisa Golden - yes
Kerry Hall - yes
John Donovan - yes
William Galvin – yes

1. IV. Monthly Development Services Report Submitted By Senior Sanitary Code Inspector David Ouellette

Senior Sanitary Code Inspector David Ouellette was not present. The Board reviewed the reports and placed on file.

1. V. For Review: Trinity EMS, Inc Reports.

Inclusive of Monthly Opioid/Hometown Reports

Hometown Opioid Reports - Mr. Jon Kelley and Mr. Kirk Brigham reviewed the March and April reports with the Board. Causes of overdoses were discussed. It was noted that the Boston hospitals with other stakeholders including UMASS/Lowell did a rapid survey with people that had overdosed.

Quarterly Report - The Board reviewed the report with Mr. Kelley and Mr. Brigham. The Board noted that page 4 in lower right of page should be corrected to Q1 2018. Mr. Kelley had an updated report with the correction which was passed out to the Board.

Board Member William Galvin asked that on page 5 Outliers section that Mr. Kelley include how many first calls there are, the percentage of those calls that were outliers, and how many were outside of the range. Member Galvin also asked if Trinity could program their system to track the number of 1st, 2nd, 3rd, etc. calls. Also the EMD-Delta figures were discussed and the use of lights and sirens for these calls vs. 911 calls. The Board asked for proposals regarding the use of lights and sirens on calls and routes to hospitals for low priority calls.

Page 7 - the Board noted the increase in volume and asked what the appropriate number of trucks for the volume would be. Member Galvin asked for the number of outliers for each number of trucks. Mr. Kelley noted there are not less than 8 trucks during the day in Lowell.

Page 8 - Intubation numbers, intubation training, and King tube intubations were discussed. The Board had no further questions.

Motion: to take Agenda Item VIII out of order made by William Galvin, seconded by Lisa Golden. All in favor.

1. VIII. Communication - Dr. Jonathan Drake (EMS Medical Dir. Lowell General Hospital).

The Board reviewed and discussed the communication received from Dr. Jonathan Drake. The Board indicated that the intent of the report was to track trends over time. The Board asked that Mr. Kelley include any figures received from Lowell General Hospital to the Quarterly Reports.

Motion: To return to the Agenda made by Kerry Hall, seconded by Lisa Golden. All in favor.

1. VI. Communication: From DPW Commissioner James Donison, P.E.

Communication regarding the City of Lowell herbicide 2018 Yearly Operation Plan in accordance with the Massachusetts Rights-of-Way Management Regulations (333 CMR 11.00).

The Board reviewed the submitted Annual Operation Plan and placed on file.

1. VII. Nomination of Animal Inspector 2017-2018: Pending completed certified Nomination of Inspector of Animals-Darleen Wood.

Ms. Wood's completed certified nomination form was received prior to the meeting.

Motion: To nominate Darleen Wood as Animal Inspector made by William Galvin, seconded by Lisa Golden. All in favor.

2. Old Business

2. I. Update: Lowell High School

PENDING AVAILABILITY: Mr. James Green, Deputy Commissioner of DPW, and Mr. Rick Underwood, Director of Facilities for Lowell Public Schools to update the Board about Lowell High School on any ongoing/completed repairs or issues Mr. Green and Mr. Underwood were not present to update the Board. Chairwoman Jo-Ann Keegan informed the Board that she had met with City Manager Eileen Donoghue regarding the Board's concerns. Manager Donoghue will obtain a report from DPW on the status of the Critical Health Report ongoing repairs and CO2 levels.

The Board asked that DPW Commissioner James Donison, Mr. Green and Mr. Underwood be invited to the June 6, 2018 to give an update.

Chairwoman Keegan recognized Ms. Laura Ortiz to speak. Ms. Ortiz discussed with the Board the recently held City Council meeting and the possible inspection of other schools for gas leaks.

3. Director's Report

3.I. Status Update: Service Zone Plan Review

HHS Director Kerran Vigroux updated the Board on the current status of the Service Zone plan and the planned visit of Mr. John Brickett who will review the redlined plan with Ms. Vigroux and Mrs. Colleen da Silva, Public Health Nurse Coordinator.

3.II. Update: Divisional and Department Reports and Updates.

Ms. Vigroux reviewed the divisional reports with the Board. Member Galvin inquired why STD's were not included on the Public Health Division report and was informed that they are not reportable at the Local Board of Health level.

Ms. Vigroux updated the Board on the ongoing CDC in depth investigation on the increase of HIV cases.

Ms. Vigroux informed the Board of the resignation of Mr. Daniel Witts, PFS Outreach Health Educator.

Chairwoman Keegan asked that the Public Health Division Report to have the columns in the same order as the School Health Division Report by moving the third column to the second column location.

Motion: To adjourn at 7:46 PM made by William Galvin, seconded by John Donovan. All in Favor.

**THE NEXT MEETING OF THE CITY OF LOWELL BOARD OF HEALTH WILL BE HELD
ON JUNE 6, 2018 AT 6:00PM IN THE MAYOR'S RECEPTION ROOM.**

**Lowell Board of Health Hearing
May 2, 2018**

Handout
BoH 5-2-18
Tobacco
PUBLIC Hearing

Purpose:

The purpose of this hearing is for the Board to consider the suspension of the Tobacco Product Sales Permit issued to Hei Elvis, 698 Merrimack St, for a period of seven (7) consecutive business days.

Rule:

Pursuant to the Lowell Board of Health regulation *Restricting the Sale of Tobacco Products*, a retailer that sells tobacco to a minor for a second time within 24 months shall receive a fine in the amount of \$200 "and the Tobacco Product Sales Permit shall be suspended for seven (7) consecutive business days."

Summary of the Facts:

Hei Elvis Records sold a pack of Marlboro cigarettes to a 17-year-old boy on 02/21/18, during routine compliance checks conducted by the Lowell Tobacco Control Program. This was the establishment's second offense in the last two years; a previous violation had occurred on 06/03/17.

Board's Decision:

Trinity EMS
Lowell MA EMS Performance indicators
911 Operational Performance- Data

*BoH
5-2-18
Handwritten
Quarterly report
section
VIII*

TIMES:

TIMES:	Trinity BLS	Trinity ALS	LGH ALS	Trinity BLS	Trinity ALS	LGH ALS
Fractile %	95.50%			94.09%		
Avg out of chute	22 sec	48 sec	52 sec	27 sec	1 min 5 sec	1 min 2 sec
Avg resp time	4 min 57 sec	6 min 30 sec	5 min 40 sec	5 min 23 sec	6 min 47 sec	6 min 11 sec
Avg on scene time	11 min 40 sec	8 min 54 sec	9 min 16 sec	12 min 51 sec	16 min 37 sec	16 min 7 sec
Avg transport time	8 min 37 sec	12 min 16 sec	8 min 27 sec	7 min 3 sec	8 min 50 sec	14 min 45 sec
# of events >7:59 response time	249	25	100	339	49	109
# of events using Non Trinity BLS units	3			0		
	Trinity BLS	Trinity ALS	LGH ALS	Trinity BLS	Trinity ALS	LGH ALS
	92.48%			91.53%	79.73	92.54
Avg out of chute	28 sec	1 min 8 sec	1 min 7 sec	31 sec	1 min 4 sec	1 min 2 sec
Avg resp time	5 min 26 sec	6 min 53 sec	6 min 4 sec	5 min 3 sec	7 min 6 sec	6 min 8 sec
Avg on scene time	10 min 31 sec	8 min 45 sec	11 min 53	12 min 38 sec	15 min 18 sec	15 min 55 sec
Avg transport time	6 min 21 sec	6 min 36 sec	10 min 24 sec	10 min 57 sec	11 min 4 sec	11 min 2 sec
# of events >7:59 response time	419*	35	130	476*	46	159
# of events using Non Trinity BLS units	4	3 happened in a 15 minute frame. 9,10, and 11th 911 call		0	*= including calls EMD'ed via TEMS	

	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018
TEMS BLS	93.51%	94.66%	94.79%	95.38%	95.50%	94.09%	92.48%	91.53%

Trinity Quarterly Report



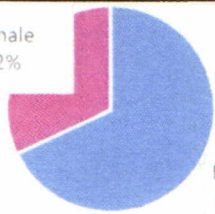
Categorized Opiate Report:

Apr-18

Lowell, MA

Priority of patient

Priority 1	30
Priority 2	6
Priority 3	20

Female
32%Male
68%60
50
40
30
20
10

Male, 38

Female,
18

Count

Male, 34

Female,
33

Avg Age

Age

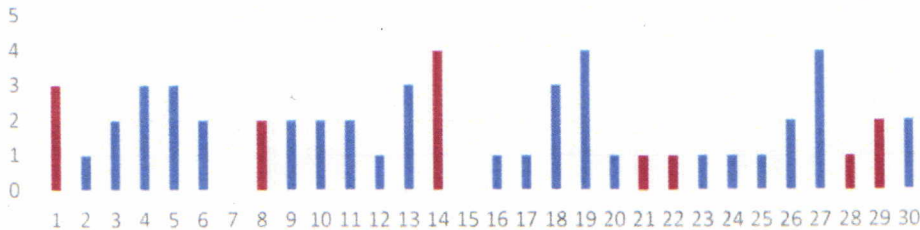
12 and U	0
13-15	0
16-17	0
18-21	1
22	0
23	1
24	7
25	0
26	4
27	5
28	0
29	3

Both
Handout
5-2-18
April
Trinity
Overdose

Day of the week:	#	Avg
Mon	7	1.4
Tue	6	1.5
Wed	9	2.3
Thu	10	2.5
Fri	10	2.5
Sat	6	1.2
Sun	8	1.6

Day of the month:

Red are weekends (below)



Hour of the day:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
	4	0	2	3	4	1	1	1	2	0	3	1	1	2	2	2	5	5	2	5	2	2	3	3

Location of patient	#
Private Residence	32
Public Location- Inside	3
Public Location- Outside	20
Residential Institution	1

Narcan used by:			
Lowell FD	10	Lowell PD	5
Trinity ALS	1	Trinity BLS	9
LGH ALS	2	Other	6

Narcan doses
16 2mg doses
12 4 mg doses
1 8mg doses

Neighborhood	Acre 7	Back Cnt 6	Belvidere 2	Centralville 10	Downtown 15
	Highlands 2	Lw Belv 1	Lw High 6	Pawtucketville 5	Sacred Heart 2

Home town of pt	Lowell 30, Billerica 3, Chelmsford 1, Fall River 1, Gardner 1
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Last 12 months All ORI calls													
	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	18-Jan	18-Feb	18-Mar	18-Apr	
Total	74	79	89	73	88	60	47	57	56	68	66	56	
Avg	2.4	2.6	2.9	2.4	2.9	1.9	1.6	1.8	1.8	2.4	2.1	1.9	

Last 12 months Priority 1 only												
	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	18-Jan	18-Feb	18-Mar	18-Apr
Total	44	48	48	48	51	32	26	32	28	37	44	30
Avg	1.4	1.6	1.5	1.5	1.7	1.0	0.9	1.0	0.9	1.3	1.4	1.0

ORI - daily average						Priority 1 only- daily average							
	Q1	Q2	Q3	Q4	Yr avg		Q1	Q2	Q3	Q4	Yr avg		
2013	0.7	1.2	1.1	0.6	0.9	2013	0.3	0.4	0.5	0.2	0.3	51-55	1
2014	0.8	1.4	1.6	1.4	1.3	2014	0.3	0.6	0.8	0.9	0.7	56-60	0
2015	1.4	1.7	1.9	1.4	1.6	2015	0.8	0.7	0.9	0.8	0.8	61-65	1
2016	1.7	1.6	2.0	2.3	1.9	2016	1.0	1.0	0.9	1.3	1.0	66-70	0
2017	2.0	2.3	2.8	1.8	2.2	2017	1.2	1.4	1.6	1.0	1.3		
2018	2.1	1.9				2018	1.2	1					

WHY ARE DRUG USER HEALTH PROGRAMS IMPORTANT?

Health problems associated with injection drug use can impact the whole community. What are some examples?

- Overdose from opioids are at an all-time high. In 2014, over 1,000 people died as a result of opioid-related overdose in Massachusetts¹
 - In 2015, 85% of all opioid related deaths were due to heroin or illegally manufactured fentanyl.
 - Two out of every three people who died from opioids in 2015 were younger than 44.
- Hepatitis C is on the rise in many communities. Hepatitis C diagnoses in 15-24 year olds have increased by 74% between 2002 and 2009²
- An outbreak of HIV such as the recent one in Indiana is possible³

How do syringe access programs (SAPs) protect community health?

- Hundreds of studies have confirmed the effectiveness of syringe access programs (SAPs) in reducing the spread of HIV, hepatitis C and other blood borne illnesses
- SAPs are incredibly effective in accessing drug users that are not engaged in any form of care.
 - Many drug users do not seek help until a health concern is so advanced that it requires hospitalization. SAPs provide an opportunity to get help in a non-judgmental environment, before health concerns become more advanced
- Recovery is not a linear process. Frequent relapse is more the norm than the exception.
 - According to the World Health Organization⁴, SAPs increased entry into treatment, retention of treatment and were associated with "substantially less injecting or cessation of injecting"
- Since establishment of harm reduction programs, new HIV infections attributed to injection drug use have dropped by 92% in Massachusetts between 2002 and 2012⁵

How do SAP's Promote Public Health and Safety?

- SAP's reduce the circulation of contaminated syringes among IDU's, educating and informing participants about the safe disposal of used syringes⁶
- Studies demonstrate that the availability of SAPs in communities results in increased safe disposal of used syringes. For instance, in Portland, Oregon, the number of improperly discarded syringes dropped by almost two-thirds after the implementation of a SAP.⁷

For more information, please contact Liz Whynott, Director of HIV Health and Prevention at Tapestry: lwhynott@tapestryhealth.org

¹ The Boston Globe. "Mass. opioid deaths topped 1,000 in 2014." 2015.

² MA DPH. "Shifting Epidemics: HIV and Hepatitis C Infection among Injection Drug Users in Massachusetts." 2012.

³ <http://www.courier-journal.com/story/news/local/indiana/2016/07/27/ind-could-have-avoided-hiv-outbreak-study-says/87621720/>

⁴ <http://applications.emro.who.int/aiecf/web301.pdf>

⁵ MA DPH. "Shifting Epidemics: HIV and Hepatitis C Infection among Injection Drug Users in Massachusetts." 2012.

⁶ Doherty MC, et al. Discarded needles do not increase soon after the opening of a needle exchange program. *American Journal of Epidemiology*. 1997;145(8):730-7.

⁷ Kaplan EH, Heimer R. A circulation theory of needle exchange. *AIDS*. 1994;8(5):567-74.

WHY ARE DRUG USER HEALTH PROGRAMS IMPORTANT?

Do SAPs Increase Crime or Drug Use?

- SAPs do not encourage the initiation of drug use nor do they increase the frequency of drug use among current users, according to an assessment by the Institute of Medicine.⁸
- The presence of SAPs in communities does not expand drug-related networks or increase crime rates.⁹
 - On the contrary, research has found that neighborhoods in Baltimore with SAPs experienced an 11 percent decrease in break-ins and burglaries, whereas areas of the city without SAPs experienced an 8 percent increase in crime.¹⁰ Another study conducted in Baltimore demonstrated that the number of arrests did not increase after the establishment of SAPs.¹¹

What services are offered at SAPs?

- Routine screening for HIV, Hepatitis C, Syphilis, Chlamydia and Gonorrhea
- Education about and access to pre-exposure prophylaxis (PrEP)
- Overdose Education and Nasal Naloxone Distribution
- Drug Treatment Referrals
- Health Insurance Enrollment
- Care Coordination
- Referrals to Services (HIV Medical Care, Primary Care, etc.)
- Syringe Access
- Safe Syringe Disposal

At Tapestry SAPs 46% more Tapestry clients reported using Narcan in a recovery situation in 2015 than 2014. In Holyoke, 87% more syringes were collected and 73% more individual clients were seen in 2015 than in 2014

For more information, please contact Liz Whynott, Director of HIV Health and Prevention at Tapestry: lwhynott@tapestryhealth.org

⁸ Institute of Medicine. *Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries. An Assessment of the Evidence*. Washington, D.C.: National Academies Press; 2006.

⁹ Marx MA, et al. Trends in crime and the introduction of a needle exchange program. *American Journal of Public Health*. 2000;90(12):1933–6.

¹⁰ Center for Innovative Public Policies. *Needle Exchange Programs: Is Baltimore a Bust?* Tamarac, FL: CIPP; April 2001

¹¹ Doherty MC, et al. Discarded needles do not increase soon after the opening of a needle exchange program. *American Journal of Epidemiology*. 1997;145(8):730–7.